

<i>SERFF Tracking Number:</i>	<i>META-125583568</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38571</i>
<i>Company Tracking Number:</i>	<i>I08-16</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual LTCI Advertising</i>		
<i>Project Name/Number:</i>	<i>I08-16/I08-16</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual LTCI Advertising	SERFF Tr Num: META-125583568	State: ArkansasLH
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 38571
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: I08-16	State Status: Filed-Closed
Filing Type: Advertisement	Co Status:	Reviewer(s): Harris Shearer
	Author: Mary Rinaldi	Disposition Date: 04/15/2008
	Date Submitted: 03/30/2008	Disposition Status: Approved-Closed
		Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: I08-16	Status of Filing in Domicile: Authorized
Project Number: I08-16	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: Resubmission	Previous Filing Number: ADF#1637.05
Group Market Size:	Overall Rate Impact:
Group Market Type:	Filing Status Changed: 04/21/2008
	State Status Changed: 04/21/2008
	Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Re: Filing No. I08-16

Metropolitan Life Insurance Company ("MetLife")

Individual Long-Term Care Insurance Advertising

NAIC Company No. 65978 - FEIN No. 13-5581829

Dear Sir/Madam:

SERFF Tracking Number: META-125583568 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38571
Company Tracking Number: I08-16
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: I08-16/I08-16

We enclose for filing electronic copies of the Individual long-term care advertising material described below. The material is intended for use with the following approved Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and LTC2007 AR approved on August 17, 2007.

The advertising material is similar to ADF#1637.05 approved by your Department on June 29, 2006.

Advertising Form Number	Brief Description of Invitation to Inquire Advertising Material
ADF#1637.05 (Rev.1007)	Prospecting Postcard to Employers

- This is a prospecting postcard to employers, alerting them to the potential tax advantages of offering LTCI.
- The changes to the form are: a) Updated Tax language and b) Policy Form LTC2007 has been added to our disclaimer statement.

Variable material will be modified in accordance with the enclosed Explanation of Variables.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Mary J. Rinaldi

Consultant-Compliance Marketing/AD

Company and Contact

Filing Contact Information

Mary Rinaldi, Consultant- Compliance	mrinaldi@metlife.com
MKTG/AD	
Green Farms Road	(203) 221-3859 [Phone]
Westport, CT 06880	

Filing Company Information

SERFF Tracking Number: META-125583568 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38571
Company Tracking Number: I08-16
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: I08-16/I08-16

Metropolitan Life Insurance Company. CoCode: 65978 State of Domicile: New York
1MetLife Plaza Group Code: -99 Company Type: Life
Long Island City, NY 11101-4015 Group Name: State ID Number:
(111) 111-1111 ext. [Phone] FEIN Number: 13-5581829

SERFF Tracking Number: META-125583568 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38571
Company Tracking Number: I08-16
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCL Advertising
Project Name/Number: I08-16/I08-16

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: per advertisement
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$0.00	03/30/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000907445	\$25.00	03/25/2008

SERFF Tracking Number:	META-125583568	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38571
Company Tracking Number:	I08-16		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual LTCI Advertising		
Project Name/Number:	I08-16/I08-16		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Harris Shearer	04/21/2008	04/21/2008

<i>SERFF Tracking Number:</i>	<i>META-125583568</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38571</i>
<i>Company Tracking Number:</i>	<i>I08-16</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual LTCI Advertising</i>		
<i>Project Name/Number:</i>	<i>I08-16/I08-16</i>		

Disposition

Disposition Date: 04/15/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	META-125583568	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38571
Company Tracking Number:	I08-16		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual LTCI Advertising		
Project Name/Number:	I08-16/I08-16		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Filed-Closed	Yes
Supporting Document	NAIC Form	Filed-Closed	Yes
Supporting Document	Explanation of Variables	Filed-Closed	Yes
Form	Prospecting Postcard	Filed-Closed	Yes

SERFF Tracking Number:	META-125583568	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38571
Company Tracking Number:	I08-16		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual LTCI Advertising		
Project Name/Number:	I08-16/I08-16		

Form Schedule

Lead Form Number: ADF#1637.05 (Rev.10070

Review	Form	Form Type	Form Name	Action	Action Specific	Readability	Attachment
Status	Number				Data		
Filed-	ADF#1637.	Advertising	Prospecting	Postcard	Revised	Replaced Form #: 0	ADF#1637.05
Closed	05					ADF#1637.05	(Rev.1007)
	(Rev.100&					Previous Filing #: NA	Prospecting
							Postcard_Ask
							YourAcct(100
							7)_v4.pdf

Long-Term Care Insurance



MetLife[®]



How to help your employees focus
their energies on your business's
bottom line.

Ask your accountant about the potential
tax advantages of offering LTCI.



Ask your accountant about the potential tax advantages of offering LTCI.

MetLife Long-Term Care Insurance policies are guaranteed renewable. This means that once a policy is issued, it cannot be cancelled due to an increase in the insured's age or a change in the insured's health. Premium rates can only be raised as the result of a rate increase made on a class-wide basis in the state where the policy is issued and approved by the Department of Insurance.

This advertisement describes coverage offered by Metropolitan Life Insurance Company ("MetLife"). Depending upon state availability, coverage may be offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC, LTC2007.

Like most Long-Term Care Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. For complete costs and details, please contact your MetLife Representative/Insurance Agent/Producer.

Neither MetLife nor its representatives or agents are permitted to give legal or tax advice. Any discussion of taxes included in or related to this article is for general informational purposes only. Such discussion does not purport to be complete or to cover every situation. Current tax law is subject to interpretation and legislative change. Tax results and the appropriateness of any product for any specific taxpayer vary depending on the taxpayer's particular set of facts and circumstances. You should consult with and rely on your own independent legal and tax advisors regarding your particular set of facts and circumstances.

PEANUTS © United Feature Syndicate, Inc.

L08071527(expt 208)

© 2007 METLIFE, INC.

0512-9726 110000040007

Helping you maximize your workplace productivity and enhance your recruiting

Let me show you how!

Long-term care insurance can help your employees protect against the potentially high costs of long-term care.

It can also help to relieve the stresses of caregiving, and planning for it, so that your employees can focus their work time energies toward achieving your goals and building your bottom line. Yes, long-term care insurance is good business!

Give me a call, or e-mail me, and we can start the process of adding long-term care insurance to your employee benefits plan...right now!

• Not a Deposit or Other Obligation of Bank •
• Not FDIC-Insured • Not Insured by Any Federal
Government Agency • Not Issued, Guaranteed
or Underwritten by Bank or FDIC • Not a
Condition to the Provision or Term of Any Banking
Service or Activity • Policy is an Obligation of
the Issuing Insurance Company

Give me a call (or e-mail me if you prefer):

Agent Name
Company Name
Address
Address
phone e-mail
Agent License #, where applicable

Please be advised that depending on how you make the purchase of long-term care insurance available to your employees, the benefit may be considered an "employee welfare benefit plan" under ERISA. Consult your tax and legal advisors for further information on potential ERISA implications.

MetLife®

Metropolitan Life Insurance Company
New York, NY 10166

STAMP

Recipient Name
Recipient Company
Recipient Address
Recipient Address

<i>SERFF Tracking Number:</i>	<i>META-125583568</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38571</i>
<i>Company Tracking Number:</i>	<i>I08-16</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual LTCI Advertising</i>		
<i>Project Name/Number:</i>	<i>I08-16/I08-16</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125583568 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38571
Company Tracking Number: I08-16
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual LTCI Advertising
Project Name/Number: I08-16/I08-16

Supporting Document Schedules

Review Status:
Satisfied -Name: Cover Letter Filed-Closed 04/21/2008
Comments:
Attachment:
AR_I_Filing Letter .pdf

Review Status:
Satisfied -Name: NAIC Form Filed-Closed 04/21/2008
Comments:
Attachment:
AR _ NAIC_Individual.pdf

Review Status:
Satisfied -Name: Explanation of Variables Filed-Closed 04/21/2008
Comments:
Attachment:
EOV for 1637.05 (Rev. 1007) Ask your Accountant postcard.pdf

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-3859 Fax 203 221-6573
Mrinaldi@metlife.com

MetLife®

Mary J. Rinaldi
Long-Term Care

March 31 2008

Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Filing No. I08-16
Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
NAIC Company No. 65978 - FEIN 13-5581829

Dear Sir/Madam:

We enclose for filing electronic copies of the Individual long-term care advertising material described below. The material is intended for use with the following approved Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and LTC2007 AR approved on August 17, 2007.

The advertising material is similar to ADF#1637.05 approved by your Department on June 29, 2006.

Advertising Form Number Brief Description of Invitation to Inquire Advertising Material

ADF#1637.05 (Rev.1007) Prospecting Postcard

- This is a prospecting postcard to employers, alerting them to the potential tax advantages of offering LTCI.

Variable material will be modified in accordance with the enclosed Explanation of Variables.

The NAIC form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Mary J. Rinaldi
Consultant-Compliance Marketing/AD

Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

1.	Prepared for the State of	ARKANSAS					
-----------	----------------------------------	-----------------	--	--	--	--	--

2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859	203.221.6573	mrinaldi@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
-----------	------------------------------	--	--	--	--	--	--

6.	Company Tracking Number: I08-16						
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						

8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise					
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large				
			<input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____				

9.	Type of Insurance	LTC031 Individual Long-Term Care Insurance					
-----------	--------------------------	---	--	--	--	--	--

10.	Product Coding Matrix Matix Filing Code	LTC031.001 - Qualified					
------------	--	-------------------------------	--	--	--	--	--

11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	March 31, 2008
13.	Filing Fee (If required)	Amount \$25.00 . _____ Check Date March 25 , 2008 Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number 000907445
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description:	INDIVIDUAL LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S)
	PLEASE SEE COVER LETTER	

View Complete Filing Description

16.	Certification (If required)	
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u>		
Print Name <u>Mary J. Rinaldi</u>		Title: <u>Consultant-Compliance/Marketing/AD</u>
Original Signature <u><i>Mary J. Rinaldi</i></u>		Date <u>March 31, 2008</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		I08-16
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	Prospecting Postcard	ADF#1637.05 (Rev.1007)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	ADF#1637.05
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

Prospecting Postcard

ADF#1637.05(Rev.1007)

There is one type of variable material set forth in brackets within the enclosed form. It is:

1. Illustrative variable material

Illustrative Variable Material

Illustrative variable materials include agent name, agent contact info, agent address, and recipient name and recipient address.